

COVER SHEET ACTION FORM			
SUBJECT: Completing AMEDDC&S Form 429		DATE SUBMITTED 29 Sep 95	
FROM (your activity)		SGS CONTROL NUMBER	
ACTION REQUIRED <input checked="" type="checkbox"/> APPROVAL OF <u>SGS</u> <input checked="" type="checkbox"/> SIGNATURE OF <u>CG</u>		<input type="checkbox"/> INFORMATION ONLY <input type="checkbox"/> SPEAKING ENGAGEMENT	
ADJ GEN These columns for use by office named in block.		SUMMARY A brief summary of the purpose of the action, the request of the submitting office, and a short background, if appropriate.	
SGS		When used for securing concurrences, prepare a separate AMEDDC&S Form 429 for each activity from which concurrence is requested. When they are returned, enclose the forms under one tab (e.g., Tab C). Prepare a new AMEDDC&S Form 429 forwarding the entire action to the command suite, indicating the concurrences are enclosed as a tab. In each instance, the action officer's name and phone number must be typed or printed in the block indicated, and the releasing officer must place his/her signature in the releaser block.	
CofS			
CSM			
DCG			
CG			
CONCURRENCE / NONCONCURRENCE			
OFFICE	NAME / DATE	OFFICE	NAME / DATE
CONSIDERATION OF NONCONCURRENCE IS AT TAB _____			
ACTION OFFICER (Name, Phone #) Typed/printed name and phone number		RELEASER'S APPROVAL signature	
ACTION BY APPROVING AUTHORITY APPROVED / DISAPPROVED <input type="checkbox"/> SIGNATURE WHEEL AUTH BY _____ <input type="checkbox"/> SEE ME <input type="checkbox"/> CORRECTIONS REQUIRED			
ACTION OFFICE <input type="checkbox"/> MAKE CORRECTIONS / RETURN <input type="checkbox"/> DATE & DISPATCH <input type="checkbox"/> READING FILE COPY TO ADJ GEN			
AMEDDC&S Form 429 1 Dec 92			